



# Service Retirement Election Application

(888) CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240

Please do not mail or deliver your application to CalPERS more than 90 days before your retirement date.

## Section 1

Please provide your name as it appears on your Social Security card.

Please display all dates in this order: month/day/year.

### Information About You

Name (First Name, Middle Initial, Last Name)		Social Security Number	
Address			
City	State	ZIP	Country
Birth Date (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone	Work Phone

## Section 2

Please do not abbreviate your employer or position.

The Temporary Annuity benefit for which you are eligible is based on your CalPERS membership date.

### Information About Your Retirement

Please refer to the detailed instructions in this booklet.

Retirement Date (mm/dd/yyyy)
Employer
Position Title

**Temporary Annuity** - If you select this benefit, you must also fill out Section 3d, Option 1 Balance of Contributions and/or Temporary Annuity Balance beneficiary(ies).

To provide for an additional Temporary Annuity Allowance, you elect to reduce your monthly allowance for life. ☐ No ☐ Yes

If you first became a member on January 1, 2002, or later, you elect to receive Temporary Annuity until age \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ Dollars.  
(62 to 70)

The amount of your Temporary Annuity cannot exceed the estimated amount of your Social Security benefit at the age designated in this election.

..... or .....

If you first became a member prior to January 1, 2002, you elect to receive Temporary Annuity until age \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ Dollars per month.  
(59½ or whole age 60 to 68)

### Final Compensation Period

Do you have any final compensation period higher than the last consecutive 12 or 36 months?

☐ No ☐ Yes, from \_\_\_\_\_ to \_\_\_\_\_  
Beginning Date (mm/dd/yyyy) Ending Date (mm/dd/yyyy)

Do not list Social Security, military or railroad retirement as a California public retirement system.

### Other California Public Retirement Systems

Are you a member of a California public retirement system other than CalPERS? ☐ No ☐ Yes, provide:

Name of System		
Retirement Date (mm/dd/yyyy)	Beginning Service Credit Date (mm/dd/yyyy)	Ending Service Credit Date (mm/dd/yyyy)

### Section 3

## Select Your Retirement Payment Option and Beneficiary

By filling out this section, you are electing your Retirement Payment Option and designating your beneficiary. Once you select a payment option, you cannot change to another option. Along with your option selection, you must complete at least one of the beneficiary designations in Sections 3a-3d. If you choose the Unmodified Allowance Option, you do not need to specify a beneficiary. Please refer to the detailed instructions in this booklet for more information.

Select **only one** payment option: Option 1, Option 2, Option 2W, Option 3, Option 3W, the Unmodified Allowance Option, or one of the Option 4 types.

- ☐ **Option 1** - To complete this option choice, you must also fill out Section 3d, *Balance of Contributions Beneficiary*.
- ☐ **Option 2** - To complete this option choice, you must also fill out Section 3a, *Individual Lifetime Beneficiary*.
- ☐ **Option 2W** - To complete this option choice, you must also fill out Section 3a, *Individual Lifetime Beneficiary*.
- ☐ **Option 3** - To complete this option choice, you must also fill out Section 3a, *Individual Lifetime Beneficiary*.
- ☐ **Option 3W** - To complete this option choice, you must also fill out Section 3a, *Individual Lifetime Beneficiary*.
- ☐ **Unmodified Allowance Option** - If you select this option there is no return of your member contributions and no monthly benefits payable upon your death - except the Survivor Continuance Benefit, if applicable. There is no beneficiary designation for this option.

These options apply to Option 4 **Individual Lifetime Beneficiary** only.

- ☐ **Option 4, Individual Lifetime Beneficiary** - If you select this option, you must also select one of the following Individual Lifetime Beneficiary options below.
- ☐ **Option 2W & Option 1 Combined** - To complete this option choice, you must also fill out Section 3a *Individual Lifetime Beneficiary* and Section 3d *Balance of Contributions Beneficiary*.
- ☐ **Option 3W & Option 1 Combined** - To complete this option choice, you must also fill out Section 3a *Individual Lifetime Beneficiary* and Section 3d *Balance of Contributions Beneficiary*.
- ☐ **Specific Dollar Amount to Beneficiary** \$ \_\_\_\_\_ - To complete this option choice, you must also fill out  
Section 3a *Individual Lifetime Beneficiary* Dollars
- ☐ **Specific Percentage to Beneficiary** \_\_\_\_\_ % - To complete this option choice, you must also fill out  
Section 3a *Individual Lifetime Beneficiary* Percent
- ☐ **Reduced Allowance for Fixed Period of Time** \_\_\_\_\_ through \_\_\_\_\_ .  
Percent or Dollars Date (month/year)
- ☐ **Reduced Allowance upon death of retiree or beneficiary:** \$ \_\_\_\_\_ reduction amount  
Dollars  
If you are naming a beneficiary under this option, you must also fill out Section 3a, *Individual Lifetime Beneficiary*.

This option applies to Option 4 **Multiple Lifetime Beneficiaries** only.

- ☐ **Option 4, Multiple Lifetime Beneficiaries** - To complete this option choice, you must also fill out Section 3b *Multiple Lifetime Beneficiaries*.

These options apply to Option 4, **Court Ordered Community Property** only.

- ☐ **Option 4, Court Ordered Community Property** - If you select this option, you must also complete section 3c, *Court Ordered C.P. Beneficiary* and select one of the following Court Ordered Community Property options.
- ☐ **Option 4/Unmodified** - There is no additional beneficiary designation for this option.
- ☐ **Option 4/1** - To complete this option choice, you must also fill out Section 3d, *Balance of Contributions Beneficiary*.
- ☐ **Option 4/2W** - To complete this option, you must also fill out Section 3a, *Individual Lifetime Beneficiary*.
- ☐ **Option 4/3W** - To complete this option, you must also fill out Section 3a, *Individual Lifetime Beneficiary*.

Put your name and  
Social Security number  
at the top of every page

Your Name

Social Security Number

### Section 3a

Designate one beneficiary  
and provide all of that  
person's information  
including full name.

### Option 2, 2W, 3, 3W or 4 Individual Lifetime Beneficiary

Complete this section only if you chose either Option 2, 2W, 3, 3W or Option 4 Individual Lifetime Beneficiary or Option 4/2W or 4/3W Court Ordered Community Property.

Name (First Name, Middle Initial, Last Name)		Social Security Number	
Birth Date (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to You	
Address			
City	State	ZIP	Country

### Section 3b

If you want  
your beneficiaries to  
receive an equal share  
of your benefits, do  
not specify a dollar or  
percentage of benefit.

### Option 4 Multiple Lifetime Beneficiaries

Complete this section only if you selected Option 4 Multiple Lifetime Beneficiaries.

Name (First Name, Middle Initial, Last Name)		Social Security Number	
Birth Date (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to You	Dollar/Percent of Benefit
Address			
City	State	ZIP	Country

Name (First Name, Middle Initial, Last Name)		Social Security Number	
Birth Date (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to You	Dollar/Percent of Benefit
Address			
City	State	ZIP	Country

Name (First Name, Middle Initial, Last Name)		Social Security Number	
Birth Date (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to You	Dollar/Percent of Benefit
Address			
City	State	ZIP	Country

### Section 3c

List only the  
Option 4 beneficiary  
that is required by your  
court order.

### Court Ordered Option 4 Community Property Beneficiary

Complete this section only if you selected Option 4 Court Ordered Community Property.

Name (First Name, Middle Initial, Last Name)		Social Security Number	
Birth Date (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to You	
Address			
City	State	ZIP	Country

Put your name and Social Security number at the top of every page

Your Name

Social Security Number

### Section 3d

Designate up to 3 beneficiaries here. If you want to designate more than 3 beneficiaries or name different beneficiaries for the Option 1 balance and the Temporary Annuity balance, see information in this booklet on completing the Lump Sum Beneficiary Designation form.

### Option 1 Balance of Contributions and/or Temporary Annuity Balance Beneficiary(ies)

Complete this section only if you selected **Option 1**, **Option 4-2W/1** or **3W/1 combined** or the **Temporary Annuity allowance**. You may change this beneficiary(ies) at any time. This designation automatically revokes when there is a change in your marital status, domestic partnership status, or when there is a birth or adoption of a child. Please refer to the detailed instructions in this booklet for more information.

Name (First Name, Middle Initial, Last Name) Social Security Number

Birth Date (mm/dd/yyyy) Gender Relationship to You

Address

City State ZIP Country

Name (First Name, Middle Initial, Last Name) Social Security Number

Birth Date (mm/dd/yyyy) Gender Relationship to You

Address

City State ZIP Country

Name (First Name, Middle Initial, Last Name) Social Security Number

Birth Date (mm/dd/yyyy) Gender Relationship to You

Address

City State ZIP Country

### Section 4

All Applicants must complete this section.

Designate your beneficiary to receive your Lump-Sum Retired Death Benefit.

### Retired Death Benefit

This section designates the person who will receive your Lump-Sum Retired Death Benefit. You may change this beneficiary(ies) at any time. This designation automatically revokes when there is a change in your marital status, domestic partnership status, or when there is a birth or adoption of a child. Please refer to the detailed instructions in this booklet for more information.

Name (First Name, Middle Initial, Last Name) Social Security Number

Birth Date (mm/dd/yyyy) Gender Relationship to You

Address

City State ZIP Country

Name (First Name, Middle Initial, Last Name) Social Security Number

Birth Date (mm/dd/yyyy) Gender Relationship to You

Address

City State ZIP Country

Put your name and  
Social Security number  
at the top of every page

Your Name

Social Security Number

## Section 4, continued

## Retired Death Benefit, continued

All Applicants must  
complete this section.

Designate your beneficiary  
to receive your Lump-Sum  
Retired Death Benefit.

Name (First Name, Middle Initial, Last Name)

Social Security Number

Birth Date (mm/dd/yyyy)

☐ Male ☐ Female  
Gender

Relationship to You

Address

City

State

ZIP

Country

## Section 5

## Survivor Continuance

Please answer  
all five questions and  
complete the information  
in each section where you  
answered "yes".

Please refer to the detailed instructions in this booklet for more information.

1. Will you be married on and at least one year prior to your retirement date? ☐ No ☐ Yes, provide:

Name of Spouse (First Name, Middle Initial, Last Name)

Social Security Number

Birth Date (mm/dd/yyyy)

☐ Male ☐ Female  
Gender

Date of Marriage

2. Will you be registered with the California Secretary of State as being in a domestic partnership on and at least one year prior to your retirement date? ☐ No ☐ Yes, provide:

Name of Domestic Partner (First Name, Middle Initial, Last Name)

Social Security Number

Birth Date (mm/dd/yyyy)

☐ Male ☐ Female  
Gender

Date of Registered Partnership (mm/dd/yyyy)

3. Do you have any natural or adopted unmarried children under age 18? ☐ No ☐ Yes, provide:

Name of Child (First Name, Middle Initial, Last Name)

Social Security Number

Birth Date (mm/dd/yyyy)

Name of Child (First Name, Middle Initial, Last Name)

Social Security Number

Birth Date (mm/dd/yyyy)

4. Do you have any unmarried children who were disabled prior to their 18th birthday and who are still disabled? ☐ No ☐ Yes, provide:

Name of Child (First Name, Middle Initial, Last Name)

Social Security Number

Birth Date (mm/dd/yyyy)

Name of Child (First Name, Middle Initial, Last Name)

Social Security Number

Birth Date (mm/dd/yyyy)

5. Are your parents dependent upon you for one-half of their support? ☐ No ☐ Yes, provide:

Name of Parent (First Name, Middle Initial, Last Name)

Social Security Number

Birth Date (mm/dd/yyyy)

Name of Parent (First Name, Middle Initial, Last Name)

Social Security Number

Birth Date (mm/dd/yyyy)

## Section 6

## Last Day on Payroll

Please enter the last  
day you received  
compensation.

(mm/dd/yyyy)

Your Name

Social Security Number

## Section 7

Have your employer  
complete this section.

**Do not detach from  
application.**

This certification is not  
required if you are or  
were separated from  
employment for more  
than four months before  
your retirement date.

## Employer Certification

Please refer to the detailed instructions in this booklet for more information.

Employee's Last Day on Payroll (mm/dd/yyyy)

Employee's Separation Date (mm/dd/yyyy)

Balance of unused sick leave hours on employee's date of separation \_\_\_\_\_ ÷ 8 = \_\_\_\_\_  
Hours Days

Balance of educational leave hours on employee's date of separation \_\_\_\_\_ ÷ 8 = \_\_\_\_\_  
Hours Days

By signing below, you hereby certify, under the penalty of perjury, that the above information is true, complete, and correct to the best of your knowledge. Any changes to this information must be submitted on an Amended Employer Certification form.

Signature of Employer

Print Name (First Name, Middle Initial, Last Name)

Position Title of Employer

Phone Number of Employer

Date (mm/dd/yyyy)

## Section 8

Please choose one only.

**Federal Income Tax** information. Please refer to the detailed instructions in this booklet for more information.

☐ Do not withhold federal income tax.

☐ Withhold federal income tax in the amount of \$ \_\_\_\_\_ per month.  
Dollars

☐ Withhold federal income tax based on the tax tables for:

☐ A married individual with \_\_\_\_\_ tax withholding exemptions.  
Number

☐ A single individual with \_\_\_\_\_ tax withholding exemptions.  
Number

In addition to the amount withheld based on the tax tables, withhold \$ \_\_\_\_\_ per month.  
Dollars

Please choose one only.

**State Income Tax** information. Please refer to the detailed instructions in this booklet for more information.

State withholding  
is optional for  
out-of-state residents.

☐ Do not withhold State of California income tax.

☐ Withhold State of California income tax in the amount of \$ \_\_\_\_\_ per month.  
Dollars

☐ Withhold State of California income tax based on the tax tables for:

☐ A married individual with \_\_\_\_\_ tax withholding exemptions.  
Number

☐ A single individual with \_\_\_\_\_ tax withholding exemptions.  
Number

In addition to the amount withheld based on the tax tables, withhold \$ \_\_\_\_\_ per month.  
Dollars

☐ Withhold State of California income tax in the amount of 10 percent of the federal income tax withholding amount.

## Section 9

This section must  
be completed or  
your application will  
be returned.

If your spouse's or  
domestic partner's  
signature is not available,  
See instructions in this  
booklet on completing the  
Justification for Absence  
of Signature form.  
Your signature and your  
spouse's or domestic  
partner's signature must  
be notarized by a notary  
public or witnessed by a  
CalPERS representative.

## Member Signature and Notary

I certify, under the penalty of perjury, that the information submitted hereon is true and correct to the best of my knowledge. I understand to cancel this application or to change the elected option or beneficiary I must notify CalPERS before the mailing of my first full monthly retirement allowance check.

I understand that if I am married or in a registered domestic partnership, but do not name my spouse or partner as beneficiary, they may still be entitled to a community property share of the Option 1 lump sum return of contributions benefit **or** a share of the monthly option death benefit allowance. Their community property interest is 50% of the benefit based on the contributions or service credit earned for the period of CalPERS service during which we were married or in a registered partnership. My non-spouse or non-partner designated beneficiary will receive the portion of the lump sum Option 1 benefit or monthly option allowance that is not payable to my spouse or domestic partner. I understand that my spouse or domestic partner will have the right to disclaim entitlement to their community property interest in the death benefit at the time the benefit becomes payable, if they so desire.

More detailed information on this section is available in this booklet.

Are you legally married or do you have a legal domestic partner? ☐ Yes ☐ No

If yes, your spouse or domestic partner must sign this election.

If no, please indicate: ☐ Never Married/or in Partnership ☐ Divorced/Annulled  
☐ Widowed Or Termination of Domestic Partnership

Your Signature

Date (mm/dd/yyyy)

Your Spouse's or Domestic Partner's Signature

Date (mm/dd/yyyy)

State of California, County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_  
Date Name of Notary/Witness

personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under **Penalty of Perjury** under the laws of the State of California that the foregoing paragraph is true and correct.

Notary Seal

Witness my hand and official seal **or** authorized CalPERS representative signature.

Signature of Notary or CalPERS Representative

Position Title

Date (mm/dd/yyyy)

Print Name

CalPERS Office (if applicable)

Mail to:

CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711